

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER Clearwater Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 620 E Wood Street Clearwater, KS 67026	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and staff interview, the facility failed to ensure the code status was accurately reflected in review of one (Resident (R) 47) of 24 residents care plans reviewed.</p> <p>Findings include:</p> <p>Review of R47's medical record revealed he had a Hospice IDG Comprehensive Assessment and Plan of Care Update Report dated 01/18/18 that indicated that the resident was admitted to hospice on 01/14/18 for [CONDITION(S)]. At the time the resident was admitted to hospice he had a full code status.</p> <p>Review of the September physician's orders [MEDICAL RECORD OR PHYSICIAN ORDER] . Review of the DNR DO-NOT-RESUSCITATE DIRECTIVE form dated 02/19/18 and signed by resident's representative and the physician revealed the resident was changed to a do not resuscitate as of 02/19/18. Review of R47's plan of care with a problem onset date of 04/18/17 and a problem of Advanced Directives indicated the goal that the resident will have all is predesignated wishes honored during his stay and target date of 11/9/18. In the Approached section of the care plan, it indicated, Code Status: Full Code.</p> <p>On 09/24/18 at 4:08 PM Licensed Nurse A (LN A) verified the current plan of care in the computer charting system identified R47 as a full code. On 09/24/18 at 5:20 PM the paper (printed) plan of care located in the plan of care book was reviewed with Administrative Staff B and Administrative Nurse C. Review of the printed plan of care revealed the code status in the approach section of the printed plan of care was Full code. Both Administrative Nurse C and Administrative Staff B verified the plan of care did accurately reflect the residents code status in both the printed and electronic plan of care.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 175454	If continuation sheet Page 1 of 2

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and staff interview, the facility failed to serve and prepare food in a sanitary manner. This had the potential to all 59 residents in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 09/24/18 at 9:06 AM, Dietary Employee E was observed collecting dirty breakfast dishes off the tables in the dining. After collecting the soiled dishes, she returned to the steam table and served a resident a bowl of hot cereal touching the inside of the bowl. She did not wash her hands and/or put gloves on between touching the soiled dishes and serving food to the next resident. She was immediately asked if she had washed her hands and she verified she had not. Administrative Dietary Staff D was immediately informed. He verified she was supposed to wash her hands and obtained hot cereal in a clean bowl for the resident. 2. Observations on 09/24/18 at 9:00 AM and on 09/26/18 at 11:00 AM and 3:54 PM the door between the kitchen and the dining room was soiled with food residue. Staff touched the door each time they entered and exited the kitchen from the dining room. The door was located directly next to the soiled side of the dish washer. 3. On 09/24/18 at 8:55 AM and on 09/26/18 at 11:00 AM and 3:54 PM the tops of the large bins of flour, thickener, sugar and brown sugar were soiled with dried food residue. The tops of the containers were sticky to the touch. The bins were all located under the food preparation counter located across from the stoves/ovens. On 09/26/18 at 3:54 PM, Administrative Dietary Staff D verified this observation. 4. On 09/26/18 at 11:05 AM, six of six steam table pans that were stacked together were observed wet when separated. Four of the six pans were soiled with wet food residue. The pans were stacked together on a wire shelving unit. On 09/26/18 at 11:05 AM, Administrative Dietary Staff D verified the pans had been stacked wet and verified four of the pans were not thoroughly cleaned prior to being placed on the shelves. He verified the pans on the wire shelving unit should have been clean and ready to use. <p>The facility census at the time of the survey was 59 and all 59 residents receive food from the dietary department.</p>		